U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 10466

Ε

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

2, Fiscal Year Covered From:

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

ALP 2 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1/1/204 Inrough: 12/31/2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name LARRY MADOURLY	Name IBEW Local 292			
	Labor Organization File Number 03-75/39			
P.O. Box, Bldg., Room No., if any #292	P.O. Box, Building and Room Number, if any			
Street 312 Central Ave	Street 312 Central Aug			
City minreapolis	City Minneapolis			
State MD ZIP Cods + 4 SSA14	State YNN ZIP Code + 4 55414			
. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
(except as specified in the exclu	usions set forth in the instructions):			
 Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizati 	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	:			
, , , ,	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of	ring documents), has been examined by the signatory and is, to the best of the			
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instructions.)			
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instructions.)			
undersigned's knowledge and belief, true, correct, and complete. (See the se	On 7/28/05 71.3-477-4952 Date Telephone Number			

Name of Person Filling LACRY MAcPorald	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Eusiness (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer		
City State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.		
StreetCity	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TBCOROL Acce PAU Trade Name, if any:	14.a. Nature of payment. Atkading HEDLIN Come COALITION meeting in WIT		
P.O. Box, Bldg., Room No., if any #430 Street SICO CAMBLE DT City St Louis Park State MN ZIP Code + 4 55416			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing LACRY MACPOLALL	File Nurrber U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No , if any	11.a. Nature of such dealing.
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TBEW 292 House Plau Trade Name, if any:	14.a. Nature of payment. Atkading Survivar Trust Meeting 7-14-04 through 7-16-04
P.O. Box, Bldg., Room No., if any #430 Street Sloo GAM ble Dr City St Louis Park State MN ZIP Code + 4 55416	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing LACTY MAcAbrald	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Streei	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name IBEW 292 Haroth Care Plan	Attending educational meeting			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any #430 Street 5100 GAM ble Dr City 54 Louis Park State MW ZIP Code + 4 55416				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Larry MacDown 1d	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
P.O. Box, Bldg., Room No., if any	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or .nccrne receive	d.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any). Name Consultant (including trade name). Trade Name, if any: P.O. Box, Bidg., Room No., if any Street CAC CALTON ST.	r parts A and B above) or other thing of value. 14.a. Nature of payment. Regulations	ce in wash. M		
State ZIP Code + 4 0000 90				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	16.76		

Name of Person Filing Larry MacDoux 1d	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicated in the pour labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
State ZIP Code + 4			
	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	A4 b. A provious dellar union of such dealing		
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Decixlark Life I was Mat	IBEW Confierre Conference		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 690 CANTONS			
City Westernad			
State			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		

Name of Person Filing Larry MacDonald	File	Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name '	a, Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	: c. Employer	
Street		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	15	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of	
City'	12.a. Nature of interest held or	ncome received.
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	——————————————————————————————————————
(including trade name if any).	Apprenticen	: meeting Refershmit
Name Loca York Life Trost Mat		- '
Trade Name, if any:		1
P.O. Box, Bldg., Room No., if any		,
Street (QC) CANTONS		•
State WH ZIP Code + 4 OCC 20		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	9.88

Name of Person Filing Larry Mac Dejix d	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name Name	9. Business deals with a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment. TBEW Co: peronce in Wood. D.C. DIW. C. 14.b. Amount of payment.
13.b. is the Business an Employer or Consultant ?	45.75

Name of Person Filing Larry MacDowald		File illumber U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organiza	ation
Trade Name, if any:	b. Trust	-
P.O. Box, Bidg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such deal	ling.
Name		()
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar va	lus of such dealing.
City	12.a. Nature of interest he	ld or income received.
State ZIP Code + 4		,
		•
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name AFL CIO HIT + BIT	Trust Me	ecting Borainerd Mn
	Dinner	
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any Su. + c 707 Street 1717 K ST		
State OC ZIP Code + 4 20036	!	
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		9990

Name of Person Filing Larry MacDouald		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the busines ely seeking to represent, or rectly to, or otherwise	2	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	lue of such dealing.	
City	12.a. Nature of interest he	ld or income received.	
State ZIP Code + 4.			
	12.b. Amount.		<u> </u>
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name 1 F 5 Trade Name, if any:	Trust Co	unter ance	- Orlando, Fl
P.O. Box, Bldg., Room No., if any $S_{U,1}$, $112()$ Street 805 15 6 15 12 12 12 12 13 13 14 15 15 15 15 15 15 15 15			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		149 00
13.b. Is the Business an Employer or Consultant?	l		